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CONFIRMATION NO. 1508

SERIAL NUMBER 10/775,497	FILING DATE 02/09/2004  RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 009103-009642
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/876,004 06/06/2001 PAT 6,721,584 ✓  
 which is a CON of 09/435,144 11/05/1999 ABN  
 which is a CON of 09/137,479 08/20/1998 PAT 6,083,172  
 which is a CON of 08/660,510 06/07/1996 PAT 5,853,364  
 which claims benefit of 60/000,195 06/14/1995

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS  
 20350  
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 SAN FRANCISCO , CA  
 94111-3834

TITLE  
 Pulse oximeter sensor off detector

<input type="checkbox"/> All Fees
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<b>FILING FEE</b>  <b>RECEIVED</b> 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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